

115TH CONGRESS
2D SESSION

H. R. 5914

To require a study and report on policy and regulatory changes that may have contributed to the opioid epidemic.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2018

Mr. MEADOWS introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require a study and report on policy and regulatory changes that may have contributed to the opioid epidemic.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. GAO STUDY AND REPORT ON POLICY CHANGES**

4 **THAT MAY HAVE CONTRIBUTED TO THE**
5 **OPIOID EPIDEMIC.**

6 Not later than 2 years after the date of enactment
7 of this Act, the Comptroller General of the United States
8 shall complete a study and submit a report to Congress
9 on health care policy changes that may have contributed
10 to the increase in opioid overdoses and deaths during the

1 10 years preceding the date of enactment of this Act. Such
2 study shall include—

3 (1) a review of health care-related legislative,
4 administrative, and judicial decisions by officers and
5 employees of the Federal Government that have af-
6 fected access to pain management strategies with an
7 emphasis on pharmaceuticals;

8 (2) an analysis of what is known about the
9 costs and benefits, whether financial or nonfinancial,
10 of reversing or revising such decisions individually or
11 in combination, including whether the reversals or
12 revisions would be expected to achieve a reduction in
13 abuse of, addiction to, overdose on, and death from
14 opioids;

15 (3) an analysis of the differences among State-
16 based prescription drug monitoring programs, in-
17 cluding an analysis of what is known about the ef-
18 fects of such differences on monitoring for abuse of,
19 addiction to, overdose on, and death from opioids;

20 (4) an analysis of what is known about positive
21 and negative impacts that prescribing limitations,
22 both State and Federal, have on patient medical out-
23 comes, including for chronic pain patients; and

24 (5) an analysis of what is known about the
25 costs and benefits to payers of using abuse-deterrent

- 1 formulations of opioid pain medications, compared to
- 2 opioid pain medications without abuse-deterrent fea-
- 3 tures.

